

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on 6 February 2007  
Jeannie Camara

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Jeannie Camara  
(Signature of Person Mailing Paper or Fee)



**PATENT APPLICATION**  
**Attorney Docket No. SUN-P9329**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )

Marc Tremblay et al. )

Serial No. 10/637,167 )

Filing Date: 8 August 2003 )

Title: SELECTIVELY MONITORING STORES TO )  
SUPPORT TRANSACTIONAL PROGRAM )  
EXECUTION )

) Examiner: Patel, Kaushikkumar M.

) Group Art Unit: 2188

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 24 January 2007.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☒ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☒ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
  - ☒ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and \_\_\_ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS   |               |   |              |          |            |
|--|---------------|---|--------------|----------|------------|
|  | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE     | ADDT'L FEE |
| Total Claims   |               | MINUS = 20                                | 0            | x \$18 = |            |
| Independent Claims   |               | MINUS = 3                                 | 0            | x \$78 = |            |
| If Amendment adds multiple dependent claims, add \$260.00              |               |   |              |          |            |
| Total Amendment Fee  |               |   |              |          |            |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |               |   |              |          |            |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT                            |               |   |              |          | \$0.00     |

- ☐ A check in the amount of \$\_\_\_\_ is enclosed.  
☐ Charge \$\_\_\_\_ to Deposit Account No. \_\_\_\_ (Docket No. \_\_\_\_).  
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P9329).

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Respectfully submitted,

By



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Date: 6 February 2007